## CITY OF RIDGECREST SERVICE/COMPLAINT FORM

Date Received

LOG NO.\_\_\_\_\_

NAME	DATE	
ADDRESS		
PHONE	WORK PHONE	EMAIL
REQUEST/COMPLAINT		
SERVICE/COMPLAINT LOC	CATION	
OLIVIOL/OOM LAMIN LOC	JATION .	
REQUEST FO	DR FOLLOW UP ACTION TO CITIZEN	I YES NO
CITY USE ONLY		
First Action Referral To:	CITT USE ONLT	Date
Investigation report and reco		Date
Second Action Referral To:_		Date
Investigation report and reco	ommendation:	
Final Action Poterral To:		Data
Investigation report and reco	ommendation:	Date
mreetigation report and reco		
Final Action		Date
FOLLOW UP REPORT TO CITIZEN		
BY:		Date
Letter	Phone Personal Visit	Copy of Form
Signature		